

Patient Name : Mrs.RUPASHREE	Collected : 10/Mar/2024 12:12PM
Age/Gender : 37 Y 8 M 8 D/F	Received : 10/Mar/2024 02:20PM
UHID/MR No : CMAR.0000343067	Reported : 10/Mar/2024 04:04PM
Visit ID : CMAROPV785143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7021132438	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

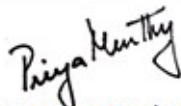
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	11.3	g/dL	12-15	Spectrophotometer
PCV	35.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.56	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	78	fL	83-101	Calculated
MCH	24.8	pg	27-32	Calculated
MCHC	31.7	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,300	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60.1	%	40-80	Electrical Impedence
LYMPHOCYTES	31.8	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	6.3	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4988.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2639.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	149.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	522.9	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.89		0.78- 3.53	Calculated
PLATELET COUNT	306000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	49	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

Page 1 of 15



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SIN No:BED240064413

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

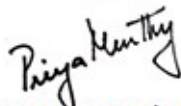
**IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.**

**Note: Kindly evaluate for iron deficiency status.**

**Kindly correlate clinically.**



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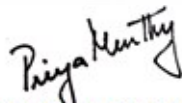
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	116	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	107	mg/dL	70-140	HEXOKINASE


Comment:


It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				

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HbA1C, GLYCATED HEMOGLOBIN	6.2	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL	Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	226	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	84.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.61		0-4.97	Calculated


**Comment:**

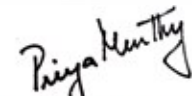
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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SIN No:SE04657063

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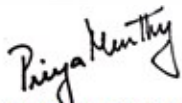
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.23	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.02	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.21	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	106.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.93	g/dL	6.6-8.3	Biuret
ALBUMIN	3.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:SE04657063

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.RUPASHREE	Collected : 10/Mar/2024 12:12PM
Age/Gender : 37 Y 8 M 8 D/F	Received : 10/Mar/2024 02:32PM
UHID/MR No : CMAR.0000343067	Reported : 10/Mar/2024 03:42PM
Visit ID : CMAROPV785143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7021132438	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.65	mg/dL	0.51-0.95	Jaffe's, Method
UREA	19.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.77	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.22	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.93	g/dL	6.6-8.3	Biuret
ALBUMIN	3.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		0.9-2.0	Calculated



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APOLLO CLINICS NETWORK

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www.apolloclinic.com

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Age/Gender : 37 Y 8 M 8 D/F	Received : 10/Mar/2024 02:32PM
UHID/MR No : CMAR.0000343067	Reported : 10/Mar/2024 03:04PM
Visit ID : CMAROPV785143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7021132438	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.00	U/L	<38	IFCC



**DR.SHIVARAJA SHETTY**  
**M.B.B.S,M.D(Biochemistry)**  
**CONSULTANT BIOCHEMIST**

SIN No:SE04657063

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Patient Name : Mrs.RUPASHREE	Collected : 10/Mar/2024 12:12PM
Age/Gender : 37 Y 8 M 8 D/F	Received : 10/Mar/2024 02:33PM
UHID/MR No : CMAR.0000343067	Reported : 10/Mar/2024 03:24PM
Visit ID : CMAROPV785143	Status : Final Report
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Emp/Auth/TPA ID : 7021132438	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.852	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes




DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SPL24042888

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
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SIN No:SPL24042888

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DEPARTMENT OF CLINICAL PATHOLOGY

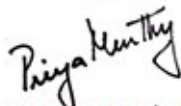
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15



Dr. Nisha  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UR2302314

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Patient Name : Mrs.RUPASHREE	Collected : 10/Mar/2024 12:12PM
Age/Gender : 37 Y 8 M 8 D/F	Received : 10/Mar/2024 03:22PM
UHID/MR No : CMAR.0000343067	Reported : 10/Mar/2024 04:24PM
Visit ID : CMAROPV785143	Status : Final Report
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Emp/Auth/TPA ID : 7021132438	

**DEPARTMENT OF CLINICAL PATHOLOGY**

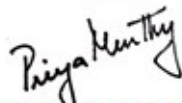
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick



**Dr.Nisha**  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



**Dr Priya Murthy**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UF011147

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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 **1860 500 7788**  
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Patient Name	: Mrs.RUPASHREE	Collected	: 10/Mar/2024 04:48PM
Age/Gender	: 37 Y 8 M 9 D/F	Received	: 12/Mar/2024 11:26AM
UHID/MR No	: CMAR.0000343067	Reported	: 13/Mar/2024 06:34PM
Visit ID	: CMAROPV785143	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7021132438		

**DEPARTMENT OF CYTOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**


**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	5551/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR



Dr.A.Kalyan Rao  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

Page 15 of 15  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS076194

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Karnataka - 560034

 **1860 500 7788**  
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<b>Patient Name</b>	: Mrs. Rupashree	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: CMAR.0000343067	<b>OP Visit No</b>	: CMAROPV785143
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 11-03-2024 13:38
<b>LRN#</b>	: RAD2262897	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 7021132438		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

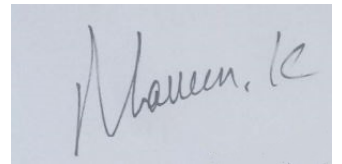
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. NAVEEN KUMAR K**  
**MBBS, DMRD Radiology, (DNB)**  
Radiology



Date : 10-03-2024  
 IR NO : CMAR.0000343067  
 Name : Mrs. Rupashree  
 Age/ Gender : 37 Y / Female

Department : GENERAL  
 Doctor :  
 Registration No :  
 Qualification :

Consultation Timing: 08:31

Height : 164cm	Weight : 81.4kg	BMI :	Waist Circum :
Temp :	Pulse : 76 bpm	Resp :	B.P : 110 / 70 mmHg

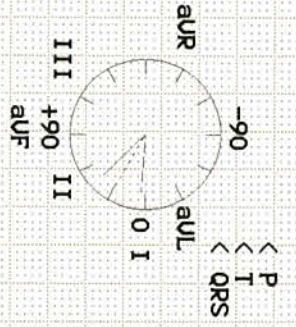
General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

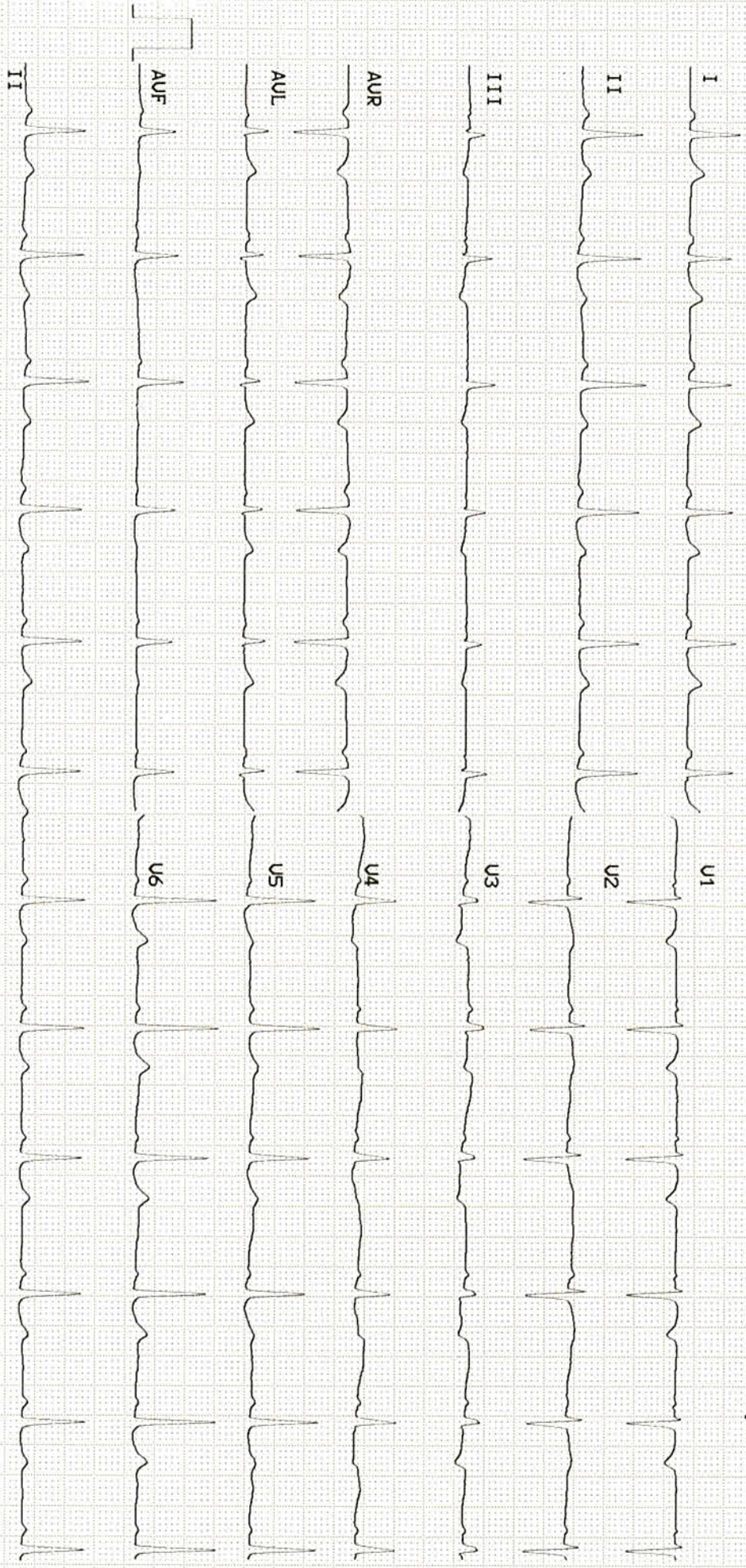
Doctor Signature

Measurement Results:  
QRS : 88 ms  
QT/QTcB : 394 / 425 ms  
PR : 136 ms  
P : 106 ms  
RR/PP : 860 / 850 ms  
P/QRS/T : 30 / 45 / 5 degrees  
QTd/QTcBd : 52 / 56 ms  
Sokolow : 2.1 mV  
NK : 10



Interpretation:  
negative T-wave (anterior)  
borderline ECG

Unconfirmed report.



NAME	MRS. RUPASHREE	DATE	10/03/24
AGE	37YEARS	SEX	Expertise Closer to you. FEMALE
REFERRED BY	Dr. JAGADEESH HV	BILL NO:	

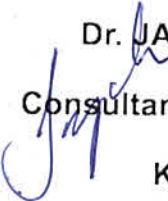
### ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DOPPLER	VALUES(m/sec)	
AO(ed)	24mm	25 - 37 mm	MV	E:0.8	A:0.6
LA(es)	32mm	19 - 40 mm	AV	1.0	
LVID(es)	25mm	24 - 42 mm	PV	0.8	
LVID(ed)	39mm	35 - 55 mm			
IVS(ed)	11mm	06 - 11mm			
LVPW(ed)	13mm	06 - 11mm			
EF	63%	(50 - 70%)			
TAPSE	21mm	>17mm			

### MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact

Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal
IMPRESSION	<p>Normal cardiac chambers</p> <p>Normal valves</p> <p>Normal LV systolic function</p> <p>No pulmonary hypertension</p> <p>No RWMA at rest</p> <p>Normal pericardium,</p> <p>No intracardiac masses / thrombi</p>

Dr. JAGADEESH HV  
  
 Consultant Cardiologist  
 KMC No. 86848

Patient Name	: Mrs. Rupashree	Age	: 37 Y F
UHID	: CMAR.0000343067	OP Visit No	: CMAROPV785143
Reported on	: 10-03-2024 12:04	Printed on	: 10-03-2024 12:08
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER: Appears enlarged in size ( 16.8 cm ) and echopattern is minimally increased .** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Minimally distended.

**SPLEEN:** Appears normal in size , and shows normal echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.2 x 4.4 cm.

Left kidney measures 11.0 x 5.0 cm .

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**UTERUS:-** Endometrium measures 8 mm.

**OVARIES:** Both ovaries appear normal in size and echopattern.

No free fluid is seen.

#### **IMPRESSION:-**

**Mild Hepatomegaly with minimal fatty liver .**

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Patient Name : Mrs. Rupashree  
UHID : CMAR.0000343067  
Reported on : 10-03-2024 12:04  
Adm/Consult Doctor :

Age : 37 Y F  
OP Visit No : CMAROPV785143  
Printed on : 10-03-2024 12:08  
Ref Doctor : SELF

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 10-03-2024 12:04

---End of the Report---



**Dr. RAMESH G**  
MBBS DMRD  
RADIOLOGY

<b>Patient Name</b>	: Mrs. Rupashree	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: CMAR.0000343067	<b>OP Visit No</b>	: CMAROPV785143
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-03-2024 12:08
<b>LRN#</b>	: RAD2262897	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 7021132438		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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3. Printing mistakes should immediately be brought to notice for correction.

**Dr. RAMESH G**  
**MBBS DMRD**  
RADIOLOGY

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

**Kumar** | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: [corporate@apolloclinic.com](mailto:corporate@apolloclinic.com) | [www.apolloclinic.com](http://www.apolloclinic.com) |

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**From:** Customer Care :Mediwheel : New Delhi <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

**Sent:** Friday, March 8, 2024 9:30 AM

**To:** Corporate Apollo Clinic <[corporate@apolloclinic.com](mailto:corporate@apolloclinic.com)>

**Cc:** Wellness : Mediwheel : New Delhi <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>; Network : Mediwheel : New Delhi <[network@mediwheel.in](mailto:network@mediwheel.in)>; deepak <[deepak.c@apolloclinic.com](mailto:deepak.c@apolloclinic.com)>

**Subject:** Health Checkup Bookings No. 58 (Annual)

Dear Team,

Please find the attached Health Checkup Bookings file and confirm the same.

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : [customercare@mediwheel.in](mailto:customercare@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)





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**ಭಾರತ ಸರ್ಕಾರ**  
Government of India

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**ಭಾರತೀಯ ಏಕೈಕ ಗುರುತು ಅಧಿಕಾರ**  
Unique Identification Authority of India

ಆಧಾರ್ ಸಂಖ್ಯೆ Enrolment No.: 00480320801272

**ಇದನ್ನು ನೀಡಿ**  
To:  
Rajashree Babbar  
Rajashree Babbar  
00, Swarg Nagar  
4th, 4th Floor  
Sriwara Temple Road  
Kannururthi, Yeshwanthi  
Bangalore North  
Kannururthi  
Kannururthi - 560011

**ಆಧಾರ್ ಸಂಖ್ಯೆ**  
Aadhaar No. 4905 3284 5690

**ಇದನ್ನು ನೀಡಿ**  
Your Aadhaar No. :  
**4905 3284 5690**  
Vid : 0128 8887 8888 8888

**ಇದನ್ನು ನೀಡಿ**, ಇದನ್ನು ನೀಡಿ

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**ಭಾರತ ಸರ್ಕಾರ**  
Government of India



Rajashree Babbar  
Rajashree Babbar  
Age: 32/09/1988  
FEMALE

**4905 3284 5690**  
Vid : 0128 8887 8888 8888

**ಇದನ್ನು ನೀಡಿ**, ಇದನ್ನು ನೀಡಿ

**ವಿವರಣೆ**

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- **ಆಧಾರ್** ಸಂಖ್ಯೆ ಅಧಾರ್ ಸಂಖ್ಯೆ ಅಧಾರ್ ಸಂಖ್ಯೆ ಅಧಾರ್ ಸಂಖ್ಯೆ ಅಧಾರ್ ಸಂಖ್ಯೆ.


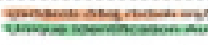
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- **ಆಧಾರ್** ಸಂಖ್ಯೆ ಅಧಾರ್ ಸಂಖ್ಯೆ ಅಧಾರ್ ಸಂಖ್ಯೆ ಅಧಾರ್ ಸಂಖ್ಯೆ ಅಧಾರ್ ಸಂಖ್ಯೆ.

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Government of India

**ಆಧಾರ್**  
Aadhaar No. 4905 3284 5690  
Vid : 0128 8887 8888 8888

**ಇದನ್ನು ನೀಡಿ**, ಇದನ್ನು ನೀಡಿ



Patient Name : Mrs. Rupashree Age : 37 Y/F  
 UHID : CMAR.0000343067 OP Visit No : CMAROPV785143  
 Conducted By: : Dr. JAGADEESH H V Conducted Date : 10-03-2024 16:37  
 Referred By : SELF

**ECHO ( 2D & COLOUR DOPPLER)**

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	30mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	35mm	19 - 40 mm	LVPW(ed)	08mm	06 - 11 mm
RVID(ed)	17mm	07 - 21 mm	EF	60%	(50 – 70 %)
LVID(ed)	45mm	35 - 55 mm	%FD	30%	(25 – 40%)
LVID(es)	30mm	24 - 42 mm			

**MORPHOLOGICAL DATA**

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

Patient Name : Mrs. Rupashree Age : 37 Y/F  
UHID : CMAR.0000343067 OP Visit No : CMAROPV785143  
Conducted By: : Dr. JAGADEESH H V Conducted Date : 10-03-2024 16:37  
Referred By : SELF

LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves Normal LV Systolic function No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi

**Dr. Jagadeesh H V**  
**Consultant Cardiologist**  
**KMC No. 86848**